



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 1838

Bib Data Sheet

|  |  |                                      |                                   |  |   |
|--|--|--------------------------------------|-----------------------------------|--|---|
| <b>SERIAL<br/>NUMBER</b><br>09/534,689   | <b>FILING OR<br/>371(c) DATE</b><br>03/24/2000<br><b>RULE</b>  | <b>CLASS</b><br>705                  | <b>GROUP ART<br/>UNIT</b><br>3621 | <b>ATTORNEY<br/>DOCKET NO.</b><br>1232-4396US1 |   |
| <b>APPLICANTS</b><br>Shigeo Suzuki, Yokohama-shi, JAPAN;   |  |                                      |                                   |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 08/978,072 11/25/1997 PAT 6,061,452 ✓ <i>FB</i>                                  |  |                                      |                                   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 8-319502 11/29/1996 ✓  |  |                                      |                                   |  |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE<br/>GRANTED ** 05/31/2000</b>   |  |                                      |                                   |  |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   |  | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWING</b><br>4    | <b>TOTAL<br/>CLAIMS</b><br><del>15</del> 3     | <b>INDEPENDENT<br/>CLAIMS</b><br><del>5</del> 3                   |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                                      |                                   |  |   |
| Verified and<br>Acknowledged Examiner's Signature <i>[Signature]</i> Initials  |  |                                      |                                   |  |   |
| <b>ADDRESS</b><br>27123  |  |                                      |                                   |  |   |
| <b>TITLE</b><br>TRANSMITTING METHOD, RECEIVING METHOD, TRANSMITTING APPARATUS,<br>RECEIVING APPARATUS, TRANSMITTING SYSTEM AND MEDIUM            |  |                                      |                                   |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>930  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT<br>ACCOUNT<br>No. _____ for following: |                                      |                                   |  | <input type="checkbox"/> All Fees                                 |
|  |  |                                      |                                   |  | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|  |  |                                      |                                   |  | <input type="checkbox"/> 1.17 Fees ( Processing<br>Ext. of time ) |
|  |  |                                      |                                   |  | <input type="checkbox"/> 1.18 Fees ( Issue )                      |
|  |  |                                      |                                   |  | <input type="checkbox"/> Other _____                              |
|  |  |                                      |                                   |  | <input type="checkbox"/> Credit                                   |